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1. PTO/SB/21

2. " " 17

3. " " 22

4. PTO-2038

5. Second Amendment  
Under 37 CFR 1.111

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PTO/SB/21 (04-07)

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<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Application Number	10/694492	
	Filing Date	10/27/2003	
	First Named Inventor	Michael Shane Rinks	
	Art Unit	2128	
	Examiner Name	Russell Frejd	
Total Number of Pages in This Submission	33	Attorney Docket Number	201-FI

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Flint Patent Service		
Signature	<i>Jack E. Tubbs</i>		
Printed name	Jack E. Tubbs		
Date	10 Sept 2007	Reg. No.	40849

## CERTIFICATE OF TRANSMISSION/MAILING

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Signature	<i>Jack E. Tubbs</i>		
Typed or printed name	Jack E. Tubbs	Date	10 Sept 2007

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PTO/SB/17 (07-07)

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Effective on 12/08/2004.  
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).**FEE TRANSMITTAL**  
**For FY 2007**☒ Applicant claims small entity status. See 37 CFR 1.27TOTAL AMOUNT OF PAYMENT (\$) **560.00****Complete if Known**

Application Number	10/694492
Filing Date	10/27/2003
First Named Inventor	Michael Shane Rinks
Examiner Name	Russell Frejd
Art Unit	2128
Attorney Docket No.	201-F1

**METHOD OF PAYMENT (check all that apply)**

☐ Check ☒ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_

☐ Deposit Account Deposit Account Number: \_\_\_\_\_ Deposit Account Name: \_\_\_\_\_

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**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

**2. EXCESS CLAIM FEES****Fee Description**

Each claim over 20 (including Reissues)

Each independent claim over 3 (including Reissues)

Multiple dependent claims

Fee (\$)	Small Entity Fee (\$)
50	25
200	100
360	180

Total Claims **68** Extra Claims **2** Fee (\$)**25** Fee Paid (\$)**50**

**70** - 20 or HP = **2** x **25** = **50**

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims **3** Extra Claims **0** Fee (\$)**0** Fee Paid (\$)**0**

**3** - 3 or HP = **0** x **0** = **0**

HP = highest number of independent claims paid for, if greater than 3.

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets **100** Extra Sheets **0** Number of each additional 50 or fraction thereof **0** Fee (\$)**0** Fee Paid (\$)**0**

**100** - 100 = **0** / 50 = **0** (round up to a whole number) x **0** = **0**

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): **Extension of Time, 3 mo.**

Fees Paid (\$)

**510****SUBMITTED BY**

Signature	<i>Jack E. Tubbs</i>	Registration No. (Attorney/Agent)	<b>40849</b>	Telephone	<b>810 687 8900</b>
Name (Print/Type)	<b>Jack E. Tubbs</b>	Date	<b>10 Sep 2007</b>		

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